

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559,831

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8	1					
9		1				
10		1				
11	1					
12		1				
13		1				
14	3					
15	3					
16	3					
17	3					
18	3					
19	1	3				
20		1	3			
21	2	1				
22	1	1	3			
23		1				
24		1				
25	2	1				
26	1					
27		1				
28	1	2				
29	2	1				
30	2	2				
31	2	1				
32	1	2				
33	2	1				
34	1	2				
35	1					
36		1				
37	1					
38	1					
39		1				
40	1					
41		1				
42	1					
43		1				
44		1				
45	1	1				
46		1				
47	1	1				
48		1				
49	1					
50						
TOTAL IND.	11	11				
TOTAL DEP.	38	38				
TOTAL CLAIMS	49	49				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

U.S. DEPARTMENT OF COMMERCE

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